

HOUSING LISTING FORM

Dear Owner/Agent: If you wish to list your property through the Carlsbad Housing Agency, please complete and return this form by mail or fax. This unit will remain on the listing until you notify us otherwise. Contact Name: Daytime Phone Number: _____ Evening: _____ Email Address: Number of Bedrooms: _____ Number of Bathrooms: _____ Proposed Rent: ______ Deposit: _____ Date of Availability: _____ Address of Unit: _____ Carlsbad, CA _____ If you have any questions, please feel free to contact our office at 760/434-2810.

Housing and Redevelopment Department